

The officers of this Association have succeeded in obtaining the most reasonable rates possible for the forty-one-day cruise on such a luxurious liner.

Additional information can be obtained from Joseph J. Eller, director general, 745 Fifth Avenue, New York, N. Y., or Charles Pierre Mathé, vice-president, 450 Sutter Street, San Francisco, or Albert Soiland, regional director, 1407 South Hope Street, Los Angeles.

Thomas Cook & Son, Wagons-Lits, Inc., have been appointed official travel agents for the cruise and will handle all reservations, subject to the approval of the Association.

STATE HEALTH INSURANCE

The San Francisco *Chronicle*, under date of April 12, printed the following story of the State health insurance plan, as provided for in Senate Bill 454:

Establishment of a system of State health insurance for persons with incomes less than \$3,000 annually was recommended to the legislature.

The recommendations followed a study of many months and carried with them the legislation to create a health service fund to be administered by the State.

Creation of a Health Insurance Commission of five members, to be appointed by the Governor, is provided for in a bill by Senators Edward H. Tickle, Carmel; Dan E. Williams, Chinese Flat; and Leonard J. Difani, Riverside. The three Senators, together with Celestine J. Sullivan, LL. D., composed the Senate committee on investigation of the high cost of sickness.

"The Health Service Insurance Act," states the committee report, "we believe is for the public good, based upon incontestable facts, the health rights and needs of the public."

To meet costs of such a system, provisions were made in the bill now before the Senate to set up a "health service fund" from contributions by employers and employees.

In brief, the fund contributions would be as follows:

It would be unlawful for any employer to deduct from the wages of any employee with respect to whom any amount is payable, a sum greater than 3½ per cent of the wage.

Private employers other than to whom certificates of compliance have been issued will pay to the Health Commission an amount equal to 5 per cent of wages paid to his employees. However, credits could be taken by the employer because of deductions for Workman's Compensation Insurance payments and income taxes for application against the 5 per cent levy.

Private employers would deduct 12 cents a day from the wages of casual employees and pay that amount into the State fund without further additional sums contributed by the employer.

State employees, other than casual employees, would pay into the State fund 3½ per cent of their wages. From the general and other funds of the State, the Government would pay another 1½ per cent of the wages of its employees to create a sufficient health insurance fund for them.

Employers maintaining their own health insurance organizations and hospitals would be granted compliance certificates. These employers, however, would be compelled to make payments to set up health insurance funds for the dependents of employees.

More than \$100,000 was expended in the study of health needs in California. All of this money was contributed privately. [Thirty thousand dollars by the California Medical Association and seventy thousand dollars by the SEHA, through the California State Board of Health.] The health survey contacted a total of 20,560 families. Medical facilities within the State were declared to be unevenly divided, and the State was found to have a higher proportion of physicians to the population than any other State in the Union. Hospitals were declared to be suffering from poor financial conditions.

Free choice of physicians, dentists, and hospitals would be permitted those insured. It is estimated that two million persons would be affected by the State system.

* * *

Points in Senate Plan for Health Service Insurance.*

A commission of five members serving four years at a salary of \$8,000 is to be appointed by the Governor.

Two members are to be physicians, who shall decide on all professional matters, including standards, service and compensation.

The commission shall appoint a physician as medical director and name his salary upon which no limits are set.

The commission shall appoint an advisory council of ten members, two of whom shall be representatives of the California Medical Association; the others representing dentists, nurses, hospitals, employers, employees, and agriculture.

The commission is to determine all rates and fees.

The commission is given control over all persons and groups furnishing any kind of benefit health service or any other medical, dental, or hospital service.

The commission may cooperate to improve public health.

The commission's judicial powers relative to the proposed health service are not subject to repeal.

All physicians, dentists, and agencies giving health service must be licensed by the commission.

Benefits would be available to any resident with an income less than \$3,000, to his dependent spouse and minor children, provided he passes a physical examination.

The beneficiary must pay 50 per cent of the first professional visit, and 25 per cent of the first day's hospitalization.

Benefits would be as follows:

Service of physician limited to twenty-six weeks.

Services of laboratories as prescribed by physician.

Tooth extractions. Other therapeutic dental services prescribed by physician.

Prenatal and maternity treatment.

Hospital and nursing care prescribed by physician.

Hospital care limited to 111 days; first twenty-five free, remainder at 15 per cent of cost.

Essential drugs and medicines prescribed by physician.

Employers giving similar service may continue such service under a certificate of compliance issued by the commission.

Premiums are to be directly proportional to the average annual net income. Minimum premium set for income of \$1,000.

Employers must pay premiums equal to 5 per cent of employees' wages.

Employees' share is 3.5 per cent. Employer may lawfully deduct this amount from employees' wages.

Free choice of physician, dentist, and hospital is guaranteed.

Further benefits for a particular sickness are denied any patient refusing to follow treatment prescribed by attending physician.

Employers are held responsible for compliance with all the provisions of the Act.

CORRESPONDENCE

Concerning A. B. 2397 (a County Hospital bill).*

To the Editor:—For your information I am enclosing copy of a letter to Mr. S. L. Heisinger, relative to Assembly Bill No. 2397

Sincerely,

J. C. GEIGER, M. D.
Director of Public Health.

My dear Mr. Heisinger:

Replying to your letter of April 4, may I state that I have read very carefully Assembly Bill No. 2397, and at your request am giving you my impressions of the same.

As I see it, this bill will allow the Board of Supervisors, on a petition of 25 per cent of the registered voters of the county, to establish a system of hospital insurance and would place each county that adopted such a system in the position of caring not only for the indigents of the county, but for those well able to support hospitalization at their own expense. I feel that this is a vicious practice, particularly that portion of the first paragraph which provides that the subscribers may procure special service, private or semi-private rooms, additional or special nursing service for additional payment.

This would clearly establish class in a public hospital maintained by the taxpayers, and I feel that the county has no right to embark on such an activity wherein they

* Reprinted from *Clearance*, Vol. 1, No. 6, April, 1935.

* For other comments on this bill, see April issue of *CALIFORNIA AND WESTERN MEDICINE*, page 273.

will definitely have in the same institution a system whereby unfortunates who might for the time be indigent are pointed out by classification as such.

I feel also that the county would lose control of its institution if the patients in said public institution were permitted to select their own doctors.

Sincerely,

J. C. GEIGER, M. D.,
Director of Public Health.

Concerning a Medical Practice Act Amendment (Senate Bill 155).

Sacramento, April 4, 1935.

To the Editor:—In the March issue of CALIFORNIA AND WESTERN MEDICINE, page 229, in the list of public health bills, under the heading "Proposed Public Health Legislation," appears a comment on Senate Bill 155, amending Section 10 of the Medical Practice Act, which gives a wrong impression of the purposes of the bill. The notation indicates that said bill will lower existing standards. Such is not the case.

This bill is in line with resolutions passed some time ago by the Federation of State Medical Boards of the United States, and we understand supported by the Council on Medical Education and Hospitals of the American Medical Association.

Careful reading of the bill will disclose that graduates of foreign institutions, in addition to presenting documentary evidence of the completion of the required course of instruction in the California Medical Practice Act substantiated by a medical diploma from an approved foreign school and a license to practice medicine issued in the country where said school is located, must also complete a one-year internship in an approved United States hospital, or complete the senior year in an approved medical school located in the United States before said applicant will be eligible to be admitted to a written examination for a license to practice in this State.

The records show a very heavy influx of foreign graduates, who seek to practice in the various states in the Union. Experience indicates the practical impossibility of verifying many of the credentials presented. No information can be obtained from Russia and but little from Germany.

Reports published in the American Medical Association journal of licenses issued in the State of New York indicate a surprising number of foreign licensees admitted to practice in that state on endorsement of credentials only, no examination (unless it may be a knowledge of the English language only) having been required. These same applicants seek entry into California on their New York license so issued; however, they are all denied direct reciprocity because they fail to fulfill the statutory requirements of California's Medical Practice Act. Many file applications for written examination, and then our troubles begin in an endeavor to satisfactorily verify their credentials. This is made more complicated because of the universal European system of spending but a short time, *i. e.*, one or two semesters, in resident study at one institution. The credentials of many applicants from Germany show their claim to have attended at least six medical schools before obtaining the right to practice in that country.

We leave to the decision of the medical profession in California as to whether this legislation should be passed.

Very truly yours,

C. B. PINKHAM, M. D.,
Secretary-Treasurer, State Board of
Medical Examiners.

Concerning change of sailing date in Pan-American cruise.

To the Editor:—Please note important change in ship, time of sailing, and shortening of Pan-American Medical Association's cruise, made necessary by the fact that the steamship *Columbia*, which had been chartered, has been discontinued from cruise service. The officers of the Pan-American Medical Association have

succeeded in chartering the *Queen of Bermuda*, a most luxuriously equipped ship which has a private bath in every room. This, of itself, is a much desired convenience which will be appreciated by every traveling member. Another advantage, in the opinion of many of us, is that the sailing date has been advanced to June 29 from New York, on to Rio de Janeiro via the West Indies, returning August 1. Practically the same itinerary that was contemplated in the original cruise will be carried out.

ALBERT SOILAND,
Member-Governor of Cruise.

Concerning Industrial Accident Commission fee table.

To the Editor:—The following resolution has been unanimously endorsed by the Board of Councilors of the Los Angeles County Medical Association:

WHEREAS, We are advised that the State Compensation Insurance Fund has applied for a hearing before the Industrial Accident Commission for a reduction of 25 to 50 per cent in the fee schedule for professional services rendered industrial accident patients; and

WHEREAS, The fee schedule for professional services is already much below that for similar work in private practice; being in fact so low that the fees granted are really less than they should be when all the responsibilities of the Fund, the workers, and the physicians are honestly taken into account; and

WHEREAS, For the Fund to lower its fee schedule still more would work a gross injustice to physicians who as a class and as individuals are also workers, and who as a class give gratuitous service, which if translated into money values far exceeds that given by any other group to the care of indigent citizens; and

WHEREAS, Actuarial records increasingly show with the passing years that the best investment for the economic administration of an insurance carrier (and that includes the State Fund) is a personnel on the industrial panel of the ablest type of physicians; since through their services there are fewer temporary and permanent disabilities; and

WHEREAS, The organized medical profession of the State as represented by the California Medical Association and its component county societies, is opposed to such a reduction of fees; because to do so will be to the injury of the working men and women of California who come under the jurisdiction of the Workmen's Compensation Act, and be to the detriment and disadvantage of the State Treasury and to the State Fund, and would work a gross injustice upon the members of the medical profession, through whose efficient services much of the past success of the State Compensation Insurance Fund has been due; now, therefore, be it

Resolved, That on behalf of the organized medical profession of California, the Industrial Accident Section of the Los Angeles County Medical Association herewith respectfully requests the Industrial Accident Commission to take no such action as has been proposed by the State Compensation Insurance Fund; and be it further

Resolved, That copies of these resolutions be sent to His Excellency, Governor Frank Merriam, to each of the Fund commissioners, to the manager of the Fund, to the California Medical Association and to each of its component county societies, and to the official publication of the California Medical Association.

March 14, 1935.

INDUSTRIAL ACCIDENT SECTION OF THE LOS ANGELES
COUNTY MEDICAL ASSOCIATION.

By Floyd Thurber, M. D., Secretary.

Concerning communicable diseases.

To the Editor:—The Department of Public Health of the city and county of San Francisco submits the following:

MEETING OF THE ADVISORY COMMITTEE ON ACUTE
ANTERIOR POLIOMYELITIS

At the invitation of the Director of Public Health, a special meeting of the Advisory Committee on acute anterior poliomyelitis was held at the San Francisco Hospital on April 4, 1935, to consider special questions of importance concerning poliomyelitis and other communicable diseases. The following resolutions and recommendations were unanimously adopted:

RESOLUTION ON POLIOMYELITIS VACCINE

WHEREAS, The use of vaccine for the active immunization against poliomyelitis is still in the experimental stage; and

WHEREAS, The duration of immunity, if any, so produced is unknown; and

WHEREAS, The determination of susceptible individuals is impractical with present methods; therefore, be it

Resolved, That the Advisory Poliomyelitis Committee recommends to the Director of Public Health that he take